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JUL 1 4 2000 (Depositor's name) NEW YORK NY 10020-1104 (Signature) (Date) FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT **DATE MAILED** APPLICATION NO. 05/22/00 2758 COULTER, K 042 10/10/97 08/948,756 First Named 0 Days. 35 USC 154(b) term ext. ELLIS, Applicant

TITLE OF INVENTION PROGRAM GUIDE DATA DISTRIBUTION SYSTEM WITH CONFIGURABLE QUEUES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	:	SMALL ENTITY	FEE DUE	DATE DUE	
0 UV-38	348-906.0	00 M 74	UTIL	.IT	y NO	\$1210.00	08/22/00	
Use of PTO form(s) and Customer Number are recommended, but not required. (1) the name attorneys of the name of t				ing on the patent front page, list nes of up to 3 registered patent for agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) mes of up to 2 registered patent ragents. If no name is listed, no se printed. Fish & Neave G. Victor Treyz Joo-Youn Park				
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The COMMISSIONER OF PATENTS	The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.							
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		Ä	E /	m	my -	(Signature)
		TE.	. 319	July	11,2000	(Date)
APPLICATION NO.	FILING DATE	TOTAL CL	AMBADEM	EXAMINER AND GRO	OUP ART UNIT	DATE MAILED
08/948,756	10/10/97	042	COULTER,	K	2758	05/22/00
First Named Applicant ELLIS,		35	USC 154(b)	term ext.	= 0 Days	u

INVENTION PROGRAM GUIDE DATA DISTRIBUTION SYSTEM WITH CONFIGURABLE QUEUES

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0 UV-38	348-906.0	000 M7	4 UTIL	IT	y NO	\$1210.00	08/22/00	
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☐ Change of correspondence address (or Change of Correspondence Address form the name of member a second process.)				r agents OR, alternatively, (2) of a single firm (having as a G. Victor Treyz registered attorney or agent) 2				
				nes of up to 2 registered patent agents. If no name is listed, no e printed. 3 Joo-Youn Park			n Park	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE The intend Middle Compare the country of the control of the cont								
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Tulsa, Oklahoma Please check the appropriate assignee category indicated below (will not be printed on the patent)				4b. The following feee-or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER				
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